

Thank you for choosing the Adventures scheme for your travel insurance requirements. Cover will commence as soon as the issuing Broker/Agent has validated this application. This Application Form when properly validated will become your Confirmation of Cover and Schedule. You will be issued with a policy wording. Both documents together form your contract of insurance.

PLEASE REFER TO THE SALES LEAFLET AND COMPLETE THE WHITE BOXES IN BLOCK CAPITALS

1. Applicant

Title Initials Surname Age/DoB*

Address

Postcode Telephone No.

Tick this box if you are an Isle of Man or Channel Island resident (14.9% reduction)

2. List of all other persons to be insured - attach separate list if necessary

| Title | Initials | Surname | Age/DoB* | Title | Initials | Surname | Age/DoB* |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*Full Date of Birth details are required only for Annual Multi-trip cover, otherwise show current age only

3. Details of cover required (please note cover cannot be backdated)

| SINGLE TRIP | | | ANNUAL MULTI-TRIP | | |
|----------------|----------------------|-------------|----------------------|--|----------------------|
| Departure Date | <input type="text"/> | Return Date | <input type="text"/> | Policy Start Date | <input type="text"/> |
| No. of Days | <input type="text"/> | | | Important: Cover under the 'Cancellation' section of the policy will only commence from the Policy Start Date selected. | |

4. Other cover options (please tick appropriate boxes)

Part 'A' only Parts 'A & B' Adventures Category (e.g. i, ii etc.)

Activity(ies) (in full)

Areas **Area 1 UK** (England, Scotland, Wales, Northern Ireland) **Area 2 Europe** (excluding Israel, Syria, Lebanon) **Area 3 Worldwide** (excluding USA, Canada, Caribbean) **Area 4 Worldwide**

Cancellation Top-up cover? If Yes, additional Sum Insured required £

| Premiums | |
|-----------------------------|------------------------|
| Part 'A' | £ <input type="text"/> |
| Part 'B' | £ <input type="text"/> |
| Cancellation Top-up premium | £ <input type="text"/> |
| Total | £ <input type="text"/> |

Including UK Insurance Premium Tax (IPT) if applicable

5. Declarations

Note: If you have an existing medical condition, a medical screening service is available – please refer to the Medical Screening questions in the Sales Leaflet. You must also advise us of any material facts (any fact that is likely to influence the premium or cover to be provided by the Underwriting Agents).

Declaration (Applicant) I declare that I have read the Medical Screening questions both for myself and on behalf of those persons for whom I have arranged cover. I have to the best of my knowledge advised you of all material facts. I confirm that there are no circumstances that could be reasonably expected to give rise to a claim. I confirm that I am a registered with a Medical Practitioner and permanently residing in the United Kingdom, Channel Islands or Isle of Man.

Signed _____ Date _____

Issuing Agent's Declaration (if Applicant not present) I confirm that I have read out the declaration (above) to the Applicant who has confirmed that they fully understand the terms and conditions of the policy and have authorised me to sign it on their behalf.

Signed _____ Date _____

Validation Stamp

Date of issue:

Time of issue:

6. Payment Methods - either enclose your cheque or provide credit/debit card details below

Please debit my **VISA/MASTERCARD/MAESTRO/DELTA** with £ Card No

Card Valid From Card Expiry Date Issue Number

Cardholder's Signature _____ Cardholder's Name _____

Address (if different from above) _____

Postcode _____ Daytime Telephone No _____